

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)
LAW ENFORCEMENT AND VICTIM SERVICES (LEVS) DIVISION
ANTI-DRUG ABUSE (ADA) PROGRAM – PERFORMANCE SITE VISIT**

Public Safety Branch ☒

Drug Enforcement Section ☒

GRANT NUMBER	GRANT AWARD PERIOD	GRANT AWARD AMOUNT
Dc08190300	07/01/08 – 06/30/09	\$620,288

PROGRAM NAME:	Anti Drug Abuse
PROJECT TITLE:	Orange County Laboratory Investigative Team

(1) ADMINISTRATIVE AGENCY:	County of Orange
(2) IMPLEMENTING AGENCY:	Sheriff-Coroner
(3) PROJECT DIRECTOR:	
Address:	
Phone:	()
(4) PROJECT COORDINATOR:	
Alternate Contact (Designee):	
Date of Visit: July 15, 2009	Visit Conducted By: Sandra L. Fletcher

PERSON(S) INTERVIEWED/CONTACTED DURING THE VISITATION

Date	Name	Title within Agency	Job Title (Project)
July 15		Sargeant	Daily Programmatic
July 16		Accountant	Accountant
July 16		Lieutenant	Lieutenant

Signature of Cal EMA Representative Conducting the Visit

Date

Signature of Section Chief

Date

2010-08-09-ADA Program Site Visit Report
Scanned & forwarded 7/29

ANTI-DRUG ABUSE PROGRAM PERFORMANCE SITE VISIT FORM

I. PROGRAMMATIC REVIEW

A. General

YES

NO

N/A

1. Does the project being visited fit within one of the following categories? (check only one) [✓]

X		
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☐ 2nd Year;

☐ 3rd Year;

☐ Over three years, (Please specify) 19 years.

2. Operational Documentation

Does the project have current versions of the following:

- a. Recipient Handbook
b. Program Guidelines
c. Grant Award Agreement

X		
		X
X		

3. Goals, Objectives, and Project Activities

(Review the project's responses to the goals, objectives, and activities of the Grant Award Agreement.)

- a. Has there been any significant changes in the way the project implements or sustains the objectives and activities of this program?
If yes, has the project discussed the possibility of submitting a grant award modification?

X		
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- b. Is the project making satisfactory progress toward achieving the goals and objectives? If not, please explain.

X		
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4. Progress Reporting

(Review the progress report format, content and submission requirements.)

- a. Has the project submitted all required reports on time? If not, please explain.

X		
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- b. Has the project kept accurate source documentation to support statistical data on the progress report?

X		
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**ANTI-DRUG ABUSE PROGRAM
PERFORMANCE SITE VISIT FORM**

I. PROGRAMMATIC REVIEW (continued)

	YES	NO	N/A
5. Programmatic Source Documentation			
<i>(Review documents maintained by the project that represents data reported on progress reports.)</i>			
a. Has the project developed an information retrieval system that provides accurate data? <i>(This system may be automated or manual.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the project use data summary sheets, actual case records, or other concrete documents that validate project performance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Project Staff Duties & Responsibilities			
<i>(Assure that project staff have made other project staff available for interviews during the visitation.)</i>			
a. Have all grant funded project staff positions been filled? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are job descriptions "project specific", rather than a copy of the "county" local agency job classification/position description?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do project staff meet all special skill certifications required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are staff performing duties discussed in the Grant Award Agreement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have project staff assumed duties for more than one Cal EMA-funded project? If yes, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are there any programmatic problems that are unique to this project? If yes, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Program Specific Requirements			
a. Are Project Income Reporting forms completed and mailed to Cal EMA on a quarterly basis? <i>(Only required if asset forfeiture funds are received and/or expended.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is a copy of the signed DEC Protocol MOU in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

ANTI-DRUG ABUSE PROGRAM PERFORMANCE SITE VISIT FORM

I. PROGRAMMATIC REVIEW (continued)

	YES	NO	N/A
c. Are there outstanding issues related to carrying out the DEC Protocol requirements? If yes, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is a copy of the ADA Steering Committee minutes in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are the minutes dated and signed by law enforcement, prosecution, probation and the county drug administrator? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do the minutes include a description of the plan and distribution of funds? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is a copy of the Operational Agreement in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is the Operational Agreement dated and signed by	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. ADMINISTRATIVE REVIEW

A. General

1. Program Files

- a. Is the project familiar with preparation requirements for the following frequently used Cal EMA forms:

(1) Cal EMA Form 223, Grant Award Modification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Cal EMA Form 201, Report of Expenditures and Request for Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Personnel Policies

a. Are written personnel policies in place and available to all employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do the policies discuss work hours, compensation rates, including overtime, and benefits; vacation, sick, or other leave allowances, hiring and promotional policies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ANTI-DRUG ABUSE PROGRAM
PERFORMANCE SITE VISIT FORM**

II. ADMINISTRATIVE REVIEW (continued)

YES NO N/A

B. Financial Requirements

1. Functional Time Sheets

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| a. Does the project use a Functional Time Sheet for all project positions employed less-than fulltime? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are functional time sheets completed correctly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is the percent (%) of time project staff spend on other non-project duties being tracked?
<i>(If no, provide a discussion concerning any recommendations made to the project.)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Duties of the Financial Officer

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| a. Has the project taken steps to assure that the duties of the financial officer are separate from that of the bookkeeper and project director? (separation of duties) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do the financial officer and project director interact successfully on project expenditure decisions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Financial Source Documentation

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Does the project maintain updated budget pages on all approved grant award modifications? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the project maintain Confidential funds?
If so, are protective safeguards and policies in place?
Describe: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If project income is acquired, is it tracked and reported?
If no, please explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the project submitted Reports of Expenditures on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there other issues concerning project expenditures and reporting? If so, please explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

ANTI-DRUG ABUSE PROGRAM PERFORMANCE SITE VISIT FORM

II. ADMINISTRATIVE REVIEW (continued)

	YES	NO	N/A
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D. Equipment

1. Acquisition

- | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|
| a. Are equipment purchases authorized budget items? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Was equipment purchased in accordance with the Grant Award Agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

E. State/Federal Administrative Requirements

1. Mandated State and Federal Programs

(Determine whether or not the following documents are posted at the site visited)

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| a. A current Equal Employment Opportunity (EEO) Policy Statement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A current "Harassment or Discrimination in Employment is Prohibited by Law" poster? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A current Drug-Free Workplace Policy statement? | <input checked="" type="checkbox"/> | | |
| d. Documentation of the California Environmental Quality Act (CEQA) on file? | <input checked="" type="checkbox"/> | | |

III. PROGRAMMATIC, ADMINISTRATIVE, AND FINANCIAL DISCUSSIONS

(Provide a summary of observations, findings, and recommendations made during the visit)

Overall, this grant has been run exceptionally well. All source documentation was made available. No problems to report.